



State of Maryland – Department of Health and Mental Hygiene
BEHAVIORAL HEALTH ADMINISTRATION
Catonsville, MD 21228

**NOTIFICATION OF SERIOUS INJURY (NOT RELATED TO RESTRAINT/SECLUSION) OR
SUICIDE ATTEMPT FOR A MINOR IN A RESIDENTIAL TREATMENT CENTER**

This form is to be completed when a child residing in a residential treatment center makes a suicide attempt or incurs a serious injury as defined in the 42 CFR 483.352. The report must be made by close of business the next business day after the occurrence.

“Serious injury” means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else. All serious injuries must be reported.

If a serious injury was incurred during the course of a restraint or seclusion, the form entitled “NOTIFICATION OF A SERIOUS INJURY DURING RESTRAINT OR SECLUSION FOR A CHILD IN A RESIDENTIAL TREATMENT CENTER” must be used.

Serious Injury: ☐ Suicide Attempt: ☐ (Check one or both)

Name of Residential Treatment Center: _____

Address: _____ Telephone Number: _____

Name of Minor: _____ Date of injury or suicide attempt: _____

Minor's Date of Birth: ____/____/____ Minor's Social Security Number: _____

Jurisdiction: _____ Date of Admission to RTC: ____/____/____

Referral Source: _____

Name of Parent/Guardian: _____

Nature of injury, if applicable: _____

How injury occurred, if applicable (please attach an additional sheet if necessary): _____

The services and programs of the Department of Health and Mental Hygiene are provided on a non-discriminatory basis and in compliance with Title VI of the Civil Rights Act of 1964. Any complaints regarding alleged discrimination may be filed in writing with the Director, Behavioral Health Administration, Spring Grove Hospital Center, 55 Wade Avenue, Dix Building, Catonsville, MD 21228, and the Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

**NOTIFICATION OF SERIOUS INJURY (NOT RELATED TO RESTRAINT/SECLUSION) OR
SUICIDE ATTEMPT FOR A MINOR IN A RESIDENTIAL TREATMENT CENTER**

If suicide attempted, describe method attempted and outcome: _____

Persons Notified:

Parent/Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name: _____	Date and Time: _____
Referring Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name: _____	Date and Time: _____
MDLC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name: _____	Date and Time: _____

Submitted by: _____
Name and Title (Please Print)

Signature: _____

Date: ____/____/____

Forward to the: Behavioral Health Administration
Office of Compliance
55 Wade Avenue, Dix Building
Catonsville, MD 21228
Phone: (410) 402-8451
Fax: (410) 402-8441

and

Maryland Disability Law Center
The Walbert Building
1800 N. Charles Street, Suite 400
Baltimore, MD 21201
Phone: (410) 727-6352 or 1-800-233-7201 (only within Maryland)
TDD number: (410) 727-6387
Fax: (410) 727-6389

This is protected health information and must be in compliance with State and Federal privacy laws.